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NEWS AND MISCELLANY

MEDICAL CORPS, U. S. NAVY

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Original Articles.

TYPHOID FEVER.

By E. A. COBLEIGH, M.D.,

Professor of Practice, etc., Chattanooga Medical College.

IN response to your request for me to give you some of my views on typhoid fever, I reply that there is very little I could add to the exhaustive literature of this subject which would be of value. Indeed, this, of all medical matters of interest, has certainly received widespread attention at the hands of the best professional thinkers of all lands and every age, since the disease was first recognized as a separate affection. And such would very naturally be the case, because it is an affection which prevails over most of the inhabited portion of our earth, and is attended with a very considerable fatality.

I therefore suppose that others of the writers who will contribute toward the article you have in contemplation will, no doubt, cover practically the main points which I should naturally touch upon if I were to attempt an article on my own re-

sponsibility; and, assuming this, I shall merely furnish a few thoughts upon special phases of this subject.

In the first place, then, it seems to me that since I have been a medical observer myself, this disease has shown a general tendency to become less severe and fatal in its type than formerly, notwithstanding its frequent local prevalence in serious form here and there, and wholly aside from any modification of treatment which advances in therapeutics may claim of recent years. Certain I am that the disease in this immediate section is, as a general thing, vastly different from what we were accustomed to see in my early practice. But, in these observations, I am not limited to this section alone, as I have combatted typhoid fever in three states in person, and my information covers a much larger territory even than that, by interchange of ideas with professional friends whose field of activity includes widely separated parts of the Union.

Again, it is my belief that typhoid fever is not nearly so fatal or intractable in the South as it is in the North and West. So much so is this the case, coupled with the

increasing mildness of the affection as observed of recent years, that there has been injected into medical discussions, both here and all over this broad land of ours, hot debates as to the very diagnosis and prevalence of the disease itself. Scarcely a journal can be scanned now-a-days without meeting the question "What is it?" referring to the prevalent fever of the locality of the writer. And Dr. Woodward's unfortunate injection into medical nomenclature during the late war of the term "typho-malarial" certainly but aided this confusion, despite the fact of a subsequent recantation, and the direct disowning of his own technical offspring. So we find this endless dispute regarding the prevailing fever, whether it is malarial, typho-malarial, or typhoid, going on everywhere as an irrepressible conflict, and more or less unavoidable confusion obtaining.

That the disease causing this controversy is sometimes purely malarial with accompanying so-called "typhoid" symptoms, is hardly controvertible—certainly more than likely. That it, in other instances, is true typhoid of a mild variety, is equally probable. That it can be a real mixture of two serious diseases, with recognized lighter mortality rate than either of the two, shows which are supposed to produce it when they exist uncombined in an individual or community is an unsurmountable obstacle to the acceptance of the hybrid theory. That measles implanting itself on a system already infected with scarlet fever, would lessen the tendency to death from the scarlatinous toxæmia is absurd; that variolous inoculation would conduce to brightening the prospects of recovery for a patient suffering with diphtheria by production of a hybrid constitutional taint, is of a like character of argument; and such is exactly the attitude of those who hold tenaciously to the basic typho-malarial theory of a double toxæmia by both those poisons.

But the hybrid term serves an excellent purpose in affording us a sort of dumping-ground for the casting of a host of cases which show irregularity of symptoms, or special mildness, or in which, for any reason, we need to cloak our ignorance of something or everything connected with the particular case thus designated. Indeed, as typho-malarial means something, or nothing definite, according

to the person using it, so we, who copy after them, are amenable to no standard of comparison because of this confusion, and the term becomes a favorite, with no fixed significance whatever.

The confusion of symptoms and designation of diseases obtains in this vicinity and city just as elsewhere, every case reported in our various societies provoking an immediate discussion as to whether the diagnosis was correct. In several instances this has happened here regarding cases showing the usual symptoms; where post-mortems were obtained. And in every one of them necropsy has shown the unmistakable lesions distinctive of true typhoid fever. Yet in the face of this fact there have always been found those who stubbornly disputed the typhoid character of the indications, and this, too, when the diseased intestines and other viscera were presented tangibly before them and the society. So it seems difficult to convince obdurate doubters in the face of what, to others, would seem indisputable evidence.

Among this class of cases I may mention an interesting one occurring in my own practice last year. A stout, sturdy rolling-mill employé, with a history of wetting by wading a creek on a hunting expedition, was suddenly seized with an apparently catarrhal fever. Croupous pneumonitis supervened, well marked, but convalescence did not follow, notwithstanding that the lung cleared perfectly. Nervous depression set in, fever continuing but no symptoms pointing toward any specific febrile state. Diarrhoea then occurred and persisted with everything pointing to severe enteritis and even slight enter-rhagias but no typhoid symptoms distinctive of that disease. After a struggle of three or four weeks he died, and the remains were shipped to Louisville, Ky., his old home, whither his young wife accompanied them after faithful attendance on him during his illness. A few weeks later I received a letter from a reputable and competent physician of that city, advising me of the decease, with typical typhoid fever, of the bride of less than a year, and asking me if dissipation had played a part in the death of my patient here, no suspicion being entertained of typhoid in his case, and the interrogatories being put to satisfy the curiosity of two sisters of the dead man, who, previous to his marriage, had been given to alcoholic excesses. But

there had been no dissipation on his part after his wedding, and I so informed them. However, the letter opened my eyes to the error of diagnosis which I had undoubtedly been guilty of, and in which several consultants concurred at the time, in this case, as I felt confident after carefully reviewing his symptoms that my patient had suffered from typhoid fever and died therefrom, and the wife had contracted the disease from either the same source as her husband, or from neglect of proper sanitary precautions to prevent its spread during her attendance upon him, for none of us suspected typhoid in his case. She left here in good health and fell ill very shortly after reaching her destination—too soon, indeed, to admit of the hypothesis of contraction of the disease in that city. Of course I give this case with the consciousness of much scientific deficiency regarding some of its points and conclusions, but it is certainly of interest from a clinical standpoint, and my deductions are plausible and as reasonably founded as we can attain short of mathematical certainty by necropsy or laboratory demonstration.

As to treatment I must say that wide experience has led me to discard any set line of therapeutics. I have nothing special to offer on this subject. I have no favorite formulæ or pet remedies. But in my own hands "specific" treatment and straight so-called antiseptic methods of medication have mostly proved useless or worse. The new remedies have only widened my ability to promote the comfort of my patients. I do not think the general mortality through treatment has been appreciably reduced by new methods in this country, so far as my personal observation extends. Old plans of treatment are in my hands just as satisfactory and efficacious as the later innovations. Quinine here, and in my hands, I have convinced myself after abundant and repeated tests, only irritates the disturbed intestinal canal, and does actual harm unless in small doses for tonic purposes solely. I limit this statement to this particular locality, however. And by reason of such experience I have wholly abandoned its use save in cases where there is an initial doubt as to the true character of the case and a suspicion of its malarial causation rather than its typhoid type. And when it fails to prove its actual efficacy at once, I promptly discontinue it in that particular case. Yet some of my medical acquaintances in whose

ability I have the utmost confidence, hang their highest hopes on this one remedy in typhoid cases, uniformly resorting to it both for its supposed specific effect and its undoubted antipyretic action where combatting of unduly high temperature becomes desirable. The latter results I find obtainable in other ways with, it certainly seems to me, less unpleasant effects on the alimentary canal.

Many cases falling under my care do as well, or better, on mere placebos than on active treatment. I have carried cases through from incipency to close on elixir of lactopeptine alone, as a placebo to satisfy the patient and friends that he was receiving proper treatment. Tablets of sugar of milk have subserved the same purpose in my hands more than once. And I must say that the favorite remedy of Professor Bartholow, iodized-phenol, has proven the most satisfactory plan of treatment, aside from special symptomatic indications, in perhaps a larger number of cases than any other single plan, though death has happened under this treatment sometimes, as will be the case with any therapeutic measure.

But for its horrible taste, which happens by eructation even when disguised, as is easily done by administration in capsules, there seems to me to have been suggested no better general treatment of typhoid fever than the old plan so ably advocated by Wood, of Philadelphia, Boling, of Nashville, and many others—turpentine. In this drug we combine mild local stimulation of indolent ulcerative processes with antiseptic action of no mean degree, and its efficacy had been thoroughly demonstrated by clinical experience of widespread extent long before the bacterial origin of typhoid had even been dreamed of, much less proven.

Salol in my hands has proven itself a "barren ideality." And this in spite of a partiality for it on theoretical grounds. Your own favorite treatment I have not yet had opportunity of thorough testing. I refer to sulpho-carbolate of zinc. But I intend doing so as soon and as fast as I find the chance, because your theory of its action is well based and I wish to give it a fair trial. However, past experience of "going off after strange gods" has disappointed me, as a rule, thus far, and I fear like results from your own pet which I am free to confess.

Now a word in conclusion regarding the use—and abuse—of the recent synthetic remedies which have attracted so many different expressions of opinion among writers and teachers in journalistic literature during the last few years. I neither sympathize with that wing of the profession which finds in this class of therapeutical agencies a cure-all for typhoid (or any other) fever, showing specific and indispensable properties in the handling of such affections; nor can I quite agree with the other ultra faction which denounces their use altogether, or stigmatizes it as absolutely and invariably harmful. It seems to me that both these wings err in their enthusiasm by either *expecting* too much, or *demanding* too much. Like all potent remedies which are capable of good results, that same potency of influencing the systemic functions necessarily means harm in unsuitable cases or when unintelligently handled. Personally I neither wed or discard such drugs, but find them markedly useful in cases and equally to be avoided in others. There can be no scientific sweeping judgment enunciated that will cover all cases and the whole class of remedies. They must be given "with brains," as the artist once told his questioner he mixed his colors. Thus used they are most excellent allies at certain stages for the physician's cultivation, not with a view of abbreviating the diseased process perhaps, but for the equally desirable purpose of ministering to the ease of the sufferer. Certainly I have found no reason to find fault with their action as a rule, and I shall not discard them at the behest of those whose creed seems to be embraced in the proposition that if they do not absolutely cure (as they ought to do) they can but be disadvantageous. For purposes of mitigation of symptoms, for conducing to the patient's personal comfort sometimes, as anodynes of mild character, in most cases their *proper* administration, guarded by intelligent supervision and not as "stock" antipyretic prescriptions for routine handling, I believe them markedly useful and to be recommended to the profession. Revolutions are said to never go backward, and it is hardly comprehensible to me that we have added to our armamentarium such desirable drugs to be finally discarded again. Instead, I think we shall find how to judiciously give them and then they

will receive proper recognition as adapted to a definite place among our other remedial measures.

CONCERNING TYPHOID FEVER.

By W. THORNTON PARKER, M.D.
(MUNICH), M.M., S.S.

BEVERLY, MASS.

IN searching medical literature for knowledge whereby to diagnose and treat, if not to prevent, the spread of that pestilence known as typhoid fever, how seldom we discover in English literature the name of that famous teacher and able doctor, Von Gietl, of the University of Munich. The writings of his students, Liebermeister, Lindwarm, Ziemssen, and others, are more or less well known. It is not ten years since an able physician, in speaking of Von Gietl's conclusions concerning typhoid fever, pronounced them "old-fashioned," as if knowledge had been born only in very recent times. The theories of Von Gietl, although disputed by some men of ability to-day, are, nevertheless, recognized as correct by the majority of medical authors and investigators. He defines typhoid fever as "a specific putrid-intoxication disease, which is composed of a chain of diseased processes, which are dependent upon one another, but which do not retain a regularity either in number or in succession. Its local effect is a catarrh of the alimentary canal; the farther and peculiar result, a swelling of the glandular apparatus, as well of the mesentery as the mucous membrane of the intestines, exfoliation and ulceration generally follow, the final effects being mortification in all degrees."¹

For those who have conducted many post-mortems of patients who have perished from this dreadful fever, how real and perfect is the picture thus presented! But when we seek the causes of this poison, which so often seems to destroy life by a mighty wave of disease, it is then we are forced to admit the difficulty of the task before us.

At the present time, when microbes of all kinds, shapes and sizes are supposed

¹ "Conclusions Concerning the Causes of Typhoid Fever (Enterischen Typhus) in Munich," by Prof. Franz X. von Gietl, Dean of the Medical Department of the Royal University of Bavaria; translated by W. Thornton Parker, M.D., M.M., S.S.

to be the cause of all, or almost all, the ills that flesh is heir to, we will find it difficult to demonstrate that typhoid fever can originate by any other agency than the typhus bacillus. In a recent article in the *New York Medical Record*, December 7, 1889, contributed by the writer concerning "One of the Causes of Typhoid Fever," I have endeavored to prove that drinking water is by no means the only vehicle by which the system may become infected, and that the atmosphere, quite as readily as food, may carry the infection so rapidly and effectually that only a short period of incubation is required in some cases, before a fever of such intensity is developed that the fatal stroke cannot be resisted. In hospitals especially we find cases so profoundly under the influence of the poison that speedy death is a foregone conclusion; just as we may usually reckon upon a prolonged and tedious convalescence even in so-called "mild cases."

Our own experience must have afforded cases where the milk as well as the water-supply was practically beyond suspicion, and yet severe typhoid fever has run its course. Only recently the daily papers contained the account of two boys who sought refuge close to the mouth of a sewer during a rain-storm. They remained inhaling the deadly sewer odor for an hour or more, and were very soon suffering from severe typhoid fever; and yet we find men of ability declaring with a wise sneer that "it takes more than a bad smell to create typhoid fever!" In the great wards of the general hospital at Munich, every patient, upon admittance, was asked by Von Gietl if his or her room was next to the room used as a "privy." Invariably came the answer, "Yes." Whether the cause of the outbreak on board the training-ship *New Hampshire*, at Newport, R. I., was owing to impure water—which was certainly not proved—the fact that tons of excrement remained about the bows of that vessel and under her open ports, scarcely covered by water, was certainly enough to prove the source of the infection to most men. The "bacillus" may have arisen from the waves, and continued its course through the damp and heavy atmosphere, getting in its deadly work quite as accurately as if it had floated in water all the way to the intestinal glands!

Without attempting any further ex-

planation as to the causes, we may safely assert that thorough hygiene of ship or dwelling is the best preventive, when employed in connection with faithful personal cleanliness. The treatment of the typhoidal condition is, perhaps, less difficult of solution; at least, agreement in this direction, where only too often medical men differ in other diseases, is more commonly observed.

Hygiene of person and surroundings and faithful, intelligent nursing must, of course, attract our attention first. The pyrexia is better treated by the Munich system of bathing than by any antipyretics, in the shape of pill or powder, which has yet come to our notice.

In hospital and often in private practice we are able to place the patient in the bath-tub directly by his bed. It is not advisable to carry him any distance, certainly not into another room. Lifting the body directly from the bed into the bath-tub, and leaving it immersed in the water until the temperature has shown some decided sign of decrease, is common practice with many excellent physicians. Theories differ as to the degree of the temperature of the water which should be employed. I am inclined to think that 70° F., or even as low as 60, is safe treatment, but I am opposed to anything colder than this, and certainly not to the use of ice to lower the temperature of the water. I do not think that the shock is dangerous under ordinary circumstances, although many reduce the temperature gradually from 80° F. I believe that the treatment is best exhibited in the afternoon or evening, anticipating the usual rise in temperature. Where from any reason the bath-tub is not convenient, thorough cold sponging from head to foot is next to be employed. In German hospitals, whether in medical or surgical wards, whenever any significant rise of temperature occurs, the ice cap is always used. Now to use the ice cap seems to be a very simple direction, but how few really use it properly. In the first place the ice-caps found in our American shops are clumsy, heavy affairs, unsuitable for the requirements of antipyretic treatment. The ice-cap should be of pure gum, light and soft, and readily emptied. Ice in small quantities and always mixed with more or less water, as the nature of the disease requires, is what is needed. The cap should not be placed on the head, but suspended by a stout

cord in such a manner that it will always lightly touch the scalp, allowing the patient to turn from right to left without inconvenience. This turning of the patient always received careful attention in Munich. For the first two or three hours, we will say, the patient is upon the right side, for the same length of time on the back, then on the left side, then again on the back, and then on the right again, and so on day and night. This is done, of course, to prevent stasis and diminish the chances of pneumonia.

Decubitus in disease does not receive the attention it deserves from physicians, and this is especially true in the puerperal state. How seldom we find any precaution exerted to prevent the collection and absorption of septic material after delivery. I think that the custom of our Indian women in rising so soon after delivery is oftentimes much safer than that of so many of our Americans, who remain for ten days or two weeks mostly upon their back.

With regard to what is called "treatment," for with many laymen, as well as many medical men, "treatment" is apt to mean dosing, the less of it the better. Those who still cling to sulphate of quinine and Dover's powder will find no lesser authority than that of Sir James Clark favorably impressed with the value of these "old fashioned" drugs. There are successful practitioners to-day who believe in the drugs their fathers used to cure diseases. Quinine, in pill or capsule, is, I might say, our sheet anchor for medicine in this disease, but it must be the best the market affords, and not obtained from irresponsible sources. Dover's powder will be found useful, especially in the first and second weeks, and the care of the alimentary canal must be of the greatest importance. For external, use the spts. of turpentine, either on dry flannel or sprinkled upon those which have been wrung out in hot water. Olive oil on soft cotton cloth is very useful.

It is necessary to inquire into the bed clothing, which should be changed from time to time. The patient should wear a flannel undervest, and a long comfortable night dress, and not be weighed down with heavy quilts, or so-called "comforters." The hot water bag at the feet is often needed, even when the ice-cap is placed upon the head. Whatever the theories may be as to treatment, it must

be conceded that nutrition is of vital importance. Milk, beef tea, and a reasonable supply of water. Whiskey and brandy, when stimulation is needed, are, in my opinion, undesirable, if not positively injurious. The best red wine obtainable in half ounce, or larger, doses is the best stimulant in typhoid fever. I know of nothing which is more valuable as a nutrient in typhoid or other wasting diseases than that admirable preparation made by the Arlington Chemical Company, beef peptonoids. In this preparation, from personal experience, I have learned to place implicit confidence, and recommend it constantly as opportunities arise. It is pleasant to the taste when almost all else is disagreeable, easily assimilated, and rapidly recuperative, and deserves the good opinion it has already won.

As convalescence begins liquid or semi-solid diet is indicated. Milk toast, with dropped eggs, soft boiled eggs, etc., but no solid food for weeks after the temperature has reached normal is the practice of some of our ablest physicians. Convalescence must be carefully watched, and delay in getting out of bed, or off of lounge, will meet with strong opposition from our most tractable patients. All through this tiresome stage of the disease I continue the use of the beef peptonoids as the best recuperative tonic, and it will serve its purpose well. For the disagreeable sensations; amounting oftentimes to pain, in the region of the ascending colon, I find occasional painting with tincture of iodine, alternating with inunctions of sweet oil, of great value. For months after the attack the patient should wear a broad flannel bandage, secured by tapes or safety pins. Where anæmia has resulted, or where a tonic is required in the shape of iron, I prescribe:

R.—Quiniaz sulph. 3j.
Tr. ferri mur. 3ss.
Syr. simple. 3ss.
Aquæ q. s. ad 3vj.

M.—S. 3j three times daily.

It may be worth while to call attention to what may seem a small matter, but the typhoid fever patient, as convalescence appears, finds, in his weakened condition, great difficulty in getting into a sitting or semi-sitting position to receive nourishment, or to have his pillows shaken up. The appliance recommended by Professor Billroth, of Vienna, consisting of a smooth,

strong bar attached to broad, strong straps secured at the foot board, will make all such motions very much easier, and will remove elements of danger more or less present in all cases of typhoid fever. Such appliances will be found useful in many other diseases, and also in child birth.

The treatment of such severe fever requires unremitting attention. As we have said, hygiene stands first, and this includes a reasonable allowance of fresh, pure air and sunlight, and when possible the advantages of the open fire, where not only ventilation is secured, but where the poisonous materius morbis is consumed. All dejections should be immediately removed and disinfected, and some reliable disinfectant should be generously employed about the house. Sunlight and fresh air will be found to be the very best, but artificial assistance is almost always required. And last, but not least, the patient must receive that consideration due to the sick and depressed. The kindly look, the friendly nod are all beyond price in value, but the visits of friends are apt to be injurious, and the physician who has suffered from the attention of those who meant only kindness in their long, tiresome calls must bring this to mind when he is in charge of a sick room. There is no disease with a more depressing or tiresome convalescence; no sickness where fortitude and patience are more requisite; no enemy so treacherous, and no recovery more grateful. Attention to the little details required, firmness, kindness, intelligence and good nursing are worth more than all the drugs which modern pharmacy can produce. It is in the face of such difficulties that we recognize the fact that the wisdom of man is but foolishness with God.

TYPHOID FEVER.

By J. A. DEARMAND, M.D.,
DAVENPORT, IOWA.

IT is doubtful if there is a disease in the entire list whose treatment is so completely a matter of individual opinion as is typhoid fever. There are those (and they are in the majority, too) who see in the disease a crying need for the reduction of the fever at whatever cost; these are the advocates of the newer antipyretics, and the faithful few whose watchword is not "Excelsior," but "quinia." The many who claim that if the fever is

not kept at a safe mark the patient will be practically burned up, stand guard with the coal tar derivatives (whose name is legion, and whose multiplication bids fair to send the bitters men to the financial wall) and fire away at that fever. The advocates of quinia see the ever-present malarial element in every case. Then, there are the hydropaths, and the watch-and-wait ones, who do nothing, and blame Providence if the outcome is not satisfactory to the friends.

Out of the jumbled mass of plans, the young doctor will settle on one, and probably have occasion to regret his selection in the end. Upwards of twenty years ago, when I began the practice of medicine, I had very few, and those few very poorly, defined ideas, concerning the treatment of typhoid fever. The first case that I had I availed myself of the counsel of two venerable friends, who were aching to help a young man along, and who asked no other pay than the right to inform an all too-inquisitive public that the "old" doctor was behind the case. I will not weary the reader by recounting what sort of a dance I gave that patient—ably assisted by my friends. One said, give him quinine, and I did, until the good wife was forced to learn the deaf and dumb alphabet to keep the news and fresh events from escaping the patient's vigilance. Some of the most painful sights I ever witnessed were on the occasions of my visits, when the good wife was yelling her vocal cords bare trying to tell her husband that the doctor said, "you are doing very well." Then the other doctor said, if I would escape sequelæ, I must give turpentine, and I gave it, as he had done with such remembered success. Whether it was the amount of turpentine, or the eggs that acted as guides, or whether it was the lack of white lead, I know not, but any way, if I had not let up suddenly on that combination I feel sure there would not have been any chance for sequelæ, for there certainly would have been a letting up on that everlasting query, "what did he say?" All the time the patient was drawing nearer and nearer the dark shore, and all the time I was admonished to push the quinine and the turpentine. And I did push both—out. I realized that I would be the one to suffer if my patient got away, while a generous public would give my venerable friends the credit if I continued to call

them in to see the case. I proceeded to give some things that would not cause a calamity, even if they did not avoid one, and devoted myself to the nursing of that patient as no doctor ever had done in that bailiwick. In the end the patient got well, and I got credit for being an awful good doctor, but as a matter of fact, had not the patient had the constitution of an ox, he would have found out all about the workings of the New Jerusalem long ago if asking questions were allowed.

At one time or another it seems almost every article in the *materia medica* has done service, singly or in combination, for the cure of this disease. Even yet quinia is pushed until the failure to hear Gabriel's trumpet may be an unexpected charge that will astound the enthusiasts for that drug. The boomers are finding out that the faithful use of the newer antipyretics will give reason to modify the enconiums which enthusiasm has placed on these remedies in the first gush of discovery.

The treatment I have adopted is given below, and while it is not new or startling, it has the merit of being simple, and, if it does no good, it can do no harm, which is a great deal more than can be said of many plans of treatment. The use of the zinc salt, I believe, is original with Dr. Waugh. I do not know to whom the credit belongs for the use of salol. I am in the habit of giving the sulpho carbolate of zinc in 5-grain doses (preferably in pill form) alternated with 2 to 5 grains of salol if the zinc does not control the diarrhoea and the borborygmus. This, with quinia in tonic doses and liquid food, given with clock-like regularity, constitutes the routine treatment. Symptoms calling for other remedies are met by their appropriate drugs as they arise, and the details of successful nursing need elucidation nowhere so surely as in typhoid fever. I have found that the repugnance to food of all kinds can be best overcome by the giving of liquid food at stated times and with the same regularity observed in giving medicine. Since I began to use the zinc salt, I have had no serious trouble with intestinal hemorrhage and the other bowel symptoms, which often prove so annoying and so seriously interfere with the patient's rest, are reduced to a minimum. It may be true, as pathologists aver, that there is no absorption of poison from the intestinal lesions, but the fact that intestinal antiseptics well

maintained, does more to secure rest and comfort than drugs, should encourage us in the use of remedies of that class. If fewer efforts were made to cure the disease, and greater ones were made to treat the patient, this disease would not be looked upon as so formidable. The persistent efforts to reduce the fever at all hazards, is seldom successful, and when successful, the patient will be found to have been the battle-ground for a questionable victory. It is a great mistake to suppose that the reduction of fever is all there is to the treatment of typhoid fever. It is like curing enterocolitis by stopping the diarrhoea. To go at every case of typhoid fever in a hammer-and-tongs style, is to invite defeat, while to support the system with appropriate food, and to meet the symptoms as they arise, is to secure the greatest measure of success.

TYPHOID FEVER IN NEWBURY-PORT, MASS.

By E. P. HURD, M.D.

I DO not remember that there has been an epidemic of typhoid fever in Newburyport for more than twenty years. Sporadic cases are frequent, but deaths from this disease do not exceed five or six a year out of a population of fifteen thousand.

This is doubtless due to an excellent water supply, and to the admirable drainage, and good sewerage system of the city. The drinking water of our city comes from the Bartlett springs, two miles and a half distant. These springs, by their location, are protected from all contamination. Lowell, which is supplied with potable water from the Merrimac, has the past year suffered severely from an epidemic of typhoid; naturally the Merrimac takes the sewage of Manchester and other towns above Lowell.

Formerly Newburyport was supplied with drinking water from wells, and I believe that typhoid fever was more frequent then than now, although I have no statistics at hand to show this. I know that it was sometimes possible in former years to refer local attacks of typhoid fever to pollution of wells. Sometimes, on the contrary, it was impossible, as it often is at the present day, to assign any cause. This is especially the case when the disease presents itself, as it certainly not seldom does, in country places where

the surroundings seem to be as healthy as could be desired. I recall many such instances in an experience of twenty-seven years.

In 1867 I attended the family of H. W., of Shipton, Canada. Location of residence six miles from the nearest village (Danville); half a mile from the nearest neighbors; site a hill side, with hygienic surroundings exceptionally good, and the source of water supply a spring above the dwelling. In this family four were stricken down with typhoid fever, and one died. I remember that, at the time, I puzzled myself much over the question of the origin of the contagion, and I could find no clue to a solution of the question. We can generally trace the breeding place of the germ to filth somewhere, but in this particular instance the general neatness and tidiness of the premises were noteworthy. I think that country physicians often find the same difficulty before them when called to account for sporadic cases and family epidemics.

Since the establishment of our Newburyport hospital, the majority of cases of typhoid fever occurring in the vicinity are sent there for treatment. We put the patients into airy, sunny, well ventilated rooms in the upper story of the building, and under the excellent care of an efficient staff of hospital nurses; the great majority of cases recover. Not much medicine is given. If the fever runs high, 103 to 105° F., acetanilid is prescribed in 5 grain doses every two hours till the fever falls one or two degrees. Cold sponging is frequently practised; the patients are fed with milk or broth, a small cupful, every two hours. Alcoholic stimulants are given freely, if there be any indication as danger of heart failure. A common prescription (at least with me) is a tablespoonful of whiskey in a glass of milk every two to four hours. Sometimes, as in states of great prostration, a tablespoonful every hour. I think that it is seldom expedient to exceed this amount.

Certainly very many cases get along well without a drop of stimulant from the beginning to the end of the fever. When there is a dry tongue and much tympanites the oil of turpentine, according to the formula of the late Dr. G. B. Wood, has proved very beneficial.

I think that patients suffering from typhoid fever, however mild the type, should, as a general rule, be required to

keep their bed. Cases of a "walking typhoid" may turn out badly if allowed to roam about. One such patient comes to my mind. A middle aged man, residing in Oldtown, who was taken sick of typhoid fever in the fall of 1878. The disease was so mild that the patient insisted on sitting up all day long, attending to correspondence and other light business, even doing some "chores." He doing well till hemorrhage from the bowels set in; this proved uncontrollable, and the man died in less than a week. I have always regretted that I did not insist on this patient taking his bed and keeping it from the very first.

Another caution. We cannot be too careful about allowing solid food till convalescence is pretty well established; the reason for this caution is sufficiently apparent.

TYPHOID FEVER IN ST. MARY'S HOSPITAL.

By W. J. O'REILLY, M.D.

DURING the year 1891, thirty-four cases of typhoid fever were treated in this hospital. The treatment, during the first nine months, consisted of cold sponging, with the administration of salol. Four deaths occurred.

After October 1, the administration of salol was continued, but cold baths were substituted for cold sponging. The method of giving a bath was as follows: Place the patient in a bath-tub partly filled with water of a temperature of 90°, then gradually add cold water until the temperature of the water in the tub was reduced to 75°. Permit patient to remain in the tub fifteen minutes, when he is placed between blankets and rubbed dry. The baths were repeated every four hours, if temperature rose above 103°. Notwithstanding the fact that more cases were treated during the last three months than during the previous nine, not a single death occurred. A number of the patients were admitted to the hospital with temperatures varying from 104° to 105°, but, after one week's treatment with cold baths, the temperature seldom rose above 103°, and no further bathing was necessary.

The only beneficial effect that could be attributed to the administration of salol was the lessening of the tympanites. It did not appear to have any effect in

lowering the fever or in shortening its duration.

While I would like to resort to cold baths in private practice, I have never found it possible to do so, but have been forced to content myself with sponging the patient. I have used salol a number of times in private practice, but, on account of unlooked-for results (in two cases), have discarded it. In the first of these cases, the patient had been sick ten days, with temperature never rising above 103° . Salol had been administered from the onset of the disease; suddenly retention of urine took place; salol was discontinued, and in twelve hours the retention was relieved. Wishing to satisfy myself as to the cause of the retention, I again administered salol, and in twelve hours retention again took place.

In the second case the patient had been sick one week, with temperature rising as high as 104° , and was under treatment with salol when the same mishap—*viz.*, retention of urine—occurred. I immediately discontinued the salol, and have not since prescribed it.

SAGINAW, E. S., MICH.

CONCLUSIONS AS TO THE TREATMENT OF TYPHOID FEVER.

By FRANCIS L. HAYNES, M.D.,
LOS ANGELES, CAL.

1. ALL antipyretic medication is probably injurious.

2. The systematic use of cold bathing is invaluable. I would like to refer to Dr. J. C. Wilson's excellent lecture in International Clinics.

3. Would not Kibbee's cot be useful in cases which can be moved with difficulty? (J. R. Haynes.)

4. Keeping the constant application of bags filled with ice to the head and abdomen, has no appreciable influence on the temperature, and I have tried it most thoroughly. Why?

5. In a few cases, terminating in recovery, in which the patient could not be gotten into a bath-tub, the following plan (suggested by Ringer) enabled the attendant to keep the temperature down, though it must be regarded as but a poor substitute for bathing; towels were rung out in ice-water, applied to chest and abdomen, and changed every two or three minutes.

6. Alcohol is rarely required, and when required, is most useful in small doses (teaspoonful of whiskey with milk, every two hours).

7. Two quarts of milk daily is the maximum quantity which should be used. Any more is apt to produce diarrhoea, with very fetid stools.

8. The best purgative is castor oil (drachm doses). Beef-tea is a fairly reliable purgative in this disease. I never prescribe it for any other purpose in typhoid.

9. Turpentine has an excellent influence on the intestinal lesions. It prevents intestinal hemorrhage.

10. Digitalis has no beneficial influence on the failing heart of typhoid.

11. Coca, as a stimulant, or for any other purpose in typhoid, is worse than useless.

12. The best treatment for intestinal hemorrhage consists in keeping the patient stupefied by hypodermic morphine; in keeping him absolutely quiet, and in preventing anything whatever from being administered by the mouth or rectum for several hours. Thirst may be allayed by washing the mouth frequently. Feeding should be very cautiously resumed.

13. Should laparotomy be made for intractable hemorrhage?

14. Perforation should be treated by laparotomy.

15. The future of the treatment of typhoid: bathing, intestinal antisepsis, judicious feeding, and rest.

A NEW METHOD OF SKIN-GRAFTING.

—This is thus described by its originator, Ereberto Aievoli: An animal, with well-developed testes, is castrated. The organs are washed in the usual salt solution, and then cut in thin sections, which are placed in a salt solution. The granulation surface, after being cleaned, is covered with small pieces of the testicles, these being placed one or two centimeters apart. Antiseptic dressing. Good results are claimed, which Aievoli thinks are due to the marked biological activity of the cells implanted. In experimentation he used sections of the salivary and mammary glands and the testes.

—New York Medical Record.

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TYPHOID FEVER.

WITH all that can be said as to the value of hydrotherapy in the treatment of typhoid fever, the fact remains that it is a weapon with which to combat one symptom of the disease—the pyrexia. It does not aim at the cause; it does not strike at the disease where its operations are localized chiefly; it simply leaves the specific cause to continue its work without interference, while the only effort made is to smother over and mask the evidences of the disease processes. Hence, while the use of water was a step in advance, in that it gave better results than the preceding direction, it was by no means the last step; nor was it really a step in the right direction. It was simply a better application of the old, vicious principle of treating symptoms while disregarding the cause.

As to the use of intestinal antiseptics, the reasons are so obvious that "he who runs may read." A specific germ is introduced into the body, nearly, if not always, by the mouth. The germ multiplies in the intestines; it produces in them

its most characteristic effects, and from the bowels it and other morbid micro-organisms penetrate to the circulation and invade the various tissues of the body. What is more obvious than the propriety of attacking these disease germs in the intestinal canal, destroying them there, and preventing the development of toxic products, which otherwise are absorbed into the circulation and complicate the condition? The attack is thus limited to the action of the bacteria that have already passed out of the intestinal canal into the circulation; and this limitation is of infinitely greater importance than the mere smothering of high temperature; for when a typhoid fever is deprived of its allies, and reduced to the effects of the typhoid bacillus alone, and even this is deprived of its breeding ground, its source of reinforcements, the affection is a comparatively simple and harmless affair.

The substances used as intestinal antiseptics are various, as each new writer on the subject feels it incumbent on him to advocate an agent of his own introduction. This is quite natural; as little glory is to be had from the advocacy of another man's ideas. Accordingly, we find that the naphthols, salol, corrosive sublimate, and many others have their friends. And in this class we very likely should be numbered, as we have a firm conviction that the best of all intestinal antiseptics is the sulpho-carbolate of zinc, our own special favorite. We do not find any other as efficient and as free from irritation or noxious qualities. Given at the earliest possible moment, in doses of $2\frac{1}{2}$ grains every one to three hours, it sees many a threatened typhoid disappear, and reduces the others to an innocuous state. Given in the later stages, after Peyer's patches have broken down in ulcers, the zinc still serves as a useful palliative, but nothing more; the mischief is done, and the intestinal canal is no longer the only battle field. The zinc salt keeps the canal aseptic, but it does not prevent hemorrhage or promote cicatrization as well as turpentine does. Many physicians have overlooked this fact, and made their first trial

of the sulpho-carbolate in the advanced stages of serious cases, when their usual treatment has proved ineffectual. The zinc salt then fails to remedy a condition for which it is not indicated, and the doctor concludes that the sulpho carbolate is only "one of Waugh's hobbies," and that its advocate possesses more enthusiasm than judgment. If the physician makes it a rule to administer this drug in every case as soon as he begins to suspect the presence of typhoid fever, he will find his confidence in the sulpho carbolate increase with every trial; and when the years drift by and his list of typhoid cases grows longer, without a single death to mar the record, he will agree with the writer in crediting this drug with properties of great and unique value.

W. F. WAUGH.

Letters to the Editor.

SULPHO-CARBOLATES IN THE TYPHIC FEVERS.

YOUR head is level on the sulpho-carbolate of zinc in that class of fevers that are called typhoid, continued, or enteric, or, further still, typho-malarial. The zinc salts, as the negro would have it, is very anticipating in this class of troubles.

F. H. WILLIAMS.

GERMANTOWN, TENN.

TYPHOID FEVER.

I HAVE with much pleasure read your pamphlet on "Typhoid Fever." In a practice of twenty-seven years I have lost but one patient, and he, before I was a mile from his house, got out of bed and ate cold potatoes, pie, etc., and died in twelve hours. Since you first advocated the use of sulpho carbolate of zinc, I have used it, but in all truth say I have never yet seen any better result than my old plan of treatment. I give the first week or ten days $\frac{1}{2}$ to 1 grain calomel at bedtime. If the fever goes beyond 102° I give acetanilid, phenacetine, or antikamia to reduce the temperature. As soon as tongue is red and dry I give Wood's turpentine mixture; use turpentine over bowels, milk diet until fever is

broken, then for a week or ten days afterwards with milk, beef tea. I use quinine 1 grain every eight hours; digitalis if heart is weak, and sponge with tepid water when heat is great. When bowels are very loose I give salol and bismuth or arsenite of copper. I have had but one hemorrhage. I just treated five cases in one family and had them out in four weeks, while the mother was treated by another doctor and it is eleven weeks and the fever is not broken yet. He won't use turpentine or milk.

W. S. CLINE, M.D.

WOODSTOCK, VA.

SINCE I wrote to you I have changed my opinion on sulpho-carbolate of zinc. I have two cases of typhoid fever convalescing on the thirteenth day, and give the credit to the zinc. For two years I gave it in solution and saw no results. To these I gave it in capsules, and the temperature went down from 104° to 100° and 101° and then to 99° .

W. S. CLINE, M.D.

TYPHOID FEVER.

IN the winter of 1887, I was called to see a couple—Mr. and Mrs. H.—husband and wife, who had just been through a protracted sickness of about three weeks, and was in a fair way to recovery.

The doctor who had previously attended them being in poor health, and not able to ride, and the family living about four miles in the country, I was requested to attend them in his place.

From the history of the cases I could get, I decided they were typical cases of typhoid fever, and, as they were slowly on the road to recovery, I prescribed tonics and supporting measures.

The father of Mr. H. was a very intelligent man, and had assisted in nursing a great many patients through different diseases, but he would not admit that I was right in my diagnosis; but, as to this, we will see in the cases following, which I give here.

The question was, Where and how were these two persons exposed to the disease?

During the holidays, the couple had visited the parents of Mrs. H., who lived in the Northern part of Indiana. In the family was a hired hand, who was, at this time, sick some four or five weeks. The disease was not known at the time. While

there, they assisted in the care and nursing of the hired hand. After they had returned home to Ohio, in about three or four weeks they had the prodromic and typical fever of typhoid, which lasted about two or three weeks. At this time I was called. I made two or three visits. They had the peculiar, protracted convalescence of typhoid fever. As they had gained strength so as to be out of bed, I dismissed the cases.

In about ten days, I was called to see two other members of the family who were sick; one the mother of Mr. H., and the other the wife of Mr. H.'s brother.

The father, mother, sister, and Mr. H. and wife, lived in a large house on one end of the farm, while Mr. H.'s brother and wife lived in a small house at the other end, about sixty or seventy rods apart; but they all used water from the same well. I now told them with emphasis that I believed the contagion was in the water of the well.

The temperature of the mother never was over 100° at any time. She never, at any time, was so sick but what she could get up and get around some. The fever lasted about two weeks at most. When I made my visit to the brother's wife, the sister was there helping to take care of her. But, when I made my visit next day, the sister was in bed with considerable fever, also. In two or three days the fever in both patients had reached its height, and continued so for three or four days, when it then gradually dropped down to normal. The fever was never very high—about 103° F., nor did it last much over two weeks in any one of the patients. In a short time after this, the brother had a week or ten days of a slight rise in temperature, with considerable indisposition, but never so much as to be confined in bed. Each couple had a baby of about fifteen months and ten months of age respectively. The oldest child was thought to have had a slight fever a few days, with considerable peevishness. The characteristic protracted convalescence of six to eight weeks to full vigor and health was shown in all the cases.

The treatment was, in all the cases for fever, aconite; veratrine and small doses of digitalis. Antiseptic treatment for the bowels was given in the way of a few drops of carbolic acid in water and glycerine, three or four times a day. The treatment was very simple, and the main

dependence was on good care and nursing.

In about two months—about the latter part of April—I was called to see a cousin, a boy of about seventeen, who had come into the family to live and work for them. He had been with them about three weeks. He had all the indications of typhoid fever that the rest had had, and, with the same treatment and care, he run through, in about two weeks, the same conditions of fever, with afterwards the same characteristic convalescence.

Here were two persons on a visit and, without precautions, in contact with disease, and in the incubative stage returned home, and, when they were fairly on the way to recovery, three others take down, and in a short time another one, and probably the child; and then, in about two months, another person comes into the family to live, and is taken sick also. The only one exempt from disease was the father, out of a family of eight persons, with two babies.

I could not make out clearly that the first doctor had made out that it was typhoid fever in the first couple; but I was certain no precautions had been taken by which the rest of the family would not be infected, until it was too late, and the germs of the disease had contaminated the water of the well, the water of which all drank without any precautions being taken.

I have given these cases to show how the probable course of the contagion may have to be traced, and how it will remain in one place for months after. It is hard to say how much longer the germs remained there, as there were no more persons in the same family to be exposed, with the exception given.

GOULD SMITH, M.D.

TAYLORVILLE, ILL.

TYPHOID FEVER.

AT the present time when we recognize the fact that typhoid fever is a self-limited disease, and is caused by a special germ, for which we have no specific remedy, we should treat it with antiseptics, salol, iodine, turpentine, hyposulphites, of soda, sulpho-carbolates, etc. Husband the patient's strength, feed him, bathe him, give him to drink all the fresh cold water his system demands, enforce free ventilation, disinfect the discharges and put the room, house and premises in a good hygienic condition. My method

of treatment is, if I see the patient early, and there has been no diarrhoea, to clear the intestinal canal of the decomposing mass of vitiated secretions, dead tissues and undigested food which form a prolific soil for the development of the typhoid bacillus, the pyogenic-bacteria and any number of unknown micro-organisms that carry on their work while the forces of nature are powerless to inhibit their functions, and put the tract in as nearly an aseptic condition as possible. For this purpose I use calomel and sulpho-carbolate of zinc. One of the former to four of the latter every three to four hours, until the bowels are moved freely. The calomel produces an increased flow of bile, nature's antiseptic, which materially aids in disinfecting the intestinal tract.

There is unquestionably some poison introduced into the system, either a micro-organism, ptomaine or something else, and the first deleterious effect of this poison upon the system is to disturb the normal functional activity of the liver, which is manifested by a diminution in the quantity and quality of bile secreted. As a result of this disturbance of the hepatic function the intestines are deprived of their requisite quantity of biliary secretions, which acts as their normal disinfectant; consequently the intestinal digestion and absorption is incompletely performed. And just here we have an indication for the use of the *fel bovis inspissatum*, which I have used with supreme satisfaction. It increases the perfection of the intestinal digestion prevents decomposition and the temperature is maintained at a moderately low degree throughout the disease.

As there is nearly always a malarial element present in this section of country, I thoroughly quininize the patient in the beginning of the fever and then give him the following prescriptions:

R.—Ext. nucis vom. gr. iv.
Zinci sulpho-carb.,
Quiniae sulph. ʒā ʒij.
M. and ft. Cap. No. 20. Sig. one every six hours.

R.—Magnesii sulph. ʒiv.
Acid nitro. nur dil. ʒiv.
Syr. rhei arom. ʒiij.
Aque menth. pip. q. s. ad. ʒiij.
M.—Sig. Teaspoonful in wineglass of water every six hours.

The sulphate of magnesia in 10-grain doses, is decided diuretic, and diuretics

are positive antipyretics, aiding as they do the system to rid itself of effete material, one of the chief elements in maintaining the abnormally high temperature.

When the indications for turpentine, as pointed out by Dr. Wood, arise, I have used it with the happiest results. But I have rarely had occasion to use it since I commenced to use the sulpho-carbolate of zinc. When there is soreness of the bowels and tympanites I use turpentine locally. I have found that sponging the patient with warm water and alcohol is the most efficient means for combating the pyrexia, provided it is properly employed.

It invites the blood to the cooling area of the body and causes a rapid excretion of heat, and acts as a stimulus to the skin and renders it more active—one great object to be obtained. I usually have a portion of the body sponged at a time, and at the same time have an assistant to gently fan the part to cause a more active evaporation, and then rub the skin perfectly dry before another portion is bathed. This is kept up until the temperature is sufficiently reduced. It is very refreshing and soothing to the patient and he soon drops off into a quiet sleep.

Where complications arise I treat them on general principles. The duration of the disease here is from three to six weeks.

J. H. COFFMAN, M.D.

DALARE, ARK.

PUERPERAL CONVULSIONS.

IN answer to Dr. O. McLeod Smith (*TIMES AND REGISTER*, August 13, 1892, page 189), I would say I fear he has not read the works of Dr. Gordon, of Aberdeen. Dr. Gordon, a man of sense, says that the disease, when left to nature or improperly treated, generally proves fatal, and he very correctly advises prompt and copious bleedings. Gordon lost nineteen out of thirty-eight cases that he encountered in his epidemic. "If," says he, "either the quantity of blood taken away at the two bleedings had been taken away at the first bleeding, or the purging been continued, which was exchanged for sweating, I am thoroughly convinced that we should have been able completely to overcome the disease."

He subsequently attended thirty-nine cases of the disease, of which he lost only ten, and saved twenty-nine, so that of his whole epidemic, forty-nine patients recovered and twenty-eight died.

Dr. Gordon says: "When I took away only ten or twelve ounces of blood from my patient, she always died; but when I had courage to take away twenty or twenty-four ounces at one bleeding in the beginning of the disease, she never failed to recover."

Gordon says this bleeding must be done within six or eight hours after the attack, or it will fail.

Bloodletting is never truly useful except when it is able to destroy the malady at a blow and blot it out.

Dr. Lees' table shows seventy-two that were bled recovered.

I am satisfied if the doctor had bled his patient at the start, twenty or twenty-four ounces, he would not have had to resort to the hypodermic injection of morphine or the pilocarpine. I would have used chloroform if the bloodletting failed. I had a case like his, and I treated her by bloodletting and chloroform, and I am quite sure the bleeding and chloroform saved my patient.

Z. R. MILLARD.

THACKERY, ILLINOIS.

A MORPHINE CASE.

I WISH to report a case of morphine habit, which has been under my observation for a considerable time.

Mrs. M., a married lady, thirty-two years of age, has been addicted to the morphine habit for about seven years. For about five years she did not menstruate, and neither was she pregnant at any time during that time. About two years ago she made an attempt to become rid of the habit, and for about forty days took no morphine or opiate of any sort. After having been without morphine for twenty days the menstrual flow appeared, and since that time (about two years ago) she has menstruated at intervals varying from two weeks to two months.

The point in this case which is particularly startling to me is the amount she is able to take. She now takes regularly two one-eighth ounce vials of morphine a week, and sometimes more. I have actually known her to take an eighth-ounce vial of morphine in the twenty-four hours. And what is more, she can take this amount and still be up and about the house. As I said before, I have known her for some time (almost five years), and during that time I have never known her

to neglect her work on account of a séance with the drug. She is known to be the neatest housekeeper in this country, and is certainly a very neat woman. She seems to enjoy very good health and is always in a presentable condition.

J. G. PACE, M.D.

ELWOOD, NEBRASKA.

THE CHLORIDE OF SILVER DRY BATTERY.

NOTICING that the merits of the dry cell were under discussion in your journal, I beg leave to state that when the Barrett Brothers, of New York, first invented their sealed cell I secured several of their batteries. That was eight years ago, and I have a fifty cell galvanic of their make, the voltage of which has been but very little reduced after being in occasional use for electro-diagnosis during all that time, at least twice weekly for a quarter of an hour, and for the last six months my son has used it daily in electrical engineering tests of resistances in telephone work.

A faradic of four cells, and another galvanic of fifty cells, made by the Baltimore Company, in which Barrett is consulting electrical engineer, I have had in almost daily use, averaging ten-minutes per day, for two years past, and not one of these batteries have needed refilling, nor have they given the least trouble to me in getting them ready for use, or so far as current strength is concerned, beyond an occasional looking after connections and taking care that some uninformed person did not destroy the cells by interfering with them; and in this necessity for care, and knowing what one is about, lies the secret of getting effective work out of any instrument. Long before the days of the dry cell there was an incessant complaint by physicians, who knew but little of electrical appliances, that the acid batteries were nuisances and always out of order, when it was their want of knowledge that made them useless.

A friend of mine had a dry cell chloride of silver battery contemptuously stuck away in a closet as worthless, and a peppery correspondence had been kept up between him and the manufacturer. Upon the merest inspection of two seconds I discovered that a little lacquer had run over one of the brass strips so as to insulate the connections from one another, and in

two seconds more a penknife scraping set the faradic to buzzing with a current strength that my friend could not endure.

At another time I witnessed a salesman in an instrument store gravely instructing a purchaser how to make connections with one wire in a primary and another in a secondary connection, and both concluded the machine was of no account.

The most frequent trouble comes from short circuiting by leaving some means of connection between the nipples in the box, either water or the cord terminals, or sometimes a metal instrument. An office partner of mine cooked my last fifty cell battery all night on a hot steam coil, but it is still working, though I wonder at its doing so.

If only half the people know how to use a watch properly it isn't to be wondered at that so delicate, but effective, an apparatus as a chloride of silver cell needs at least intelligent care. For that matter, many people abuse their stomachs and growl at the resulting indigestion.

If physicians will seek the opinions of electrical engineers as to the merits of batteries, they will find that they not only approve of the chloride dry cell, but use them constantly in their tests, and laugh at the bungling of parties who would denounce any kind of an electrical instrument as an excuse for clumsiness and ignorance of the principles involved.

S. V. CLEVINGER.

70 STATE STREET, CHICAGO.

Book Notices.

AN AMERICAN TEXT-BOOK OF SURGERY FOR PRACTITIONERS AND STUDENTS. Edited by WILLIAM W. KEEN and J. WILLIAM WHITE, Philadelphia: W. B. Saunders, 913 Walnut street, 1892. Sold by subscription only. Price \$7.00, cloth.

We have here a work by American authors, who are also teachers and active practitioners of surgery. Not only this, but we are told that each has had the opportunity to revise the proof sheets of the entire work; so that the book as a whole, may be looked upon as the result of the joint labors of the thirteen authors. Many of the illustrations are original; especially the bacteriological colored plates, and the half tones.

The authors who unite in the production of this fine work are: C. H. Burnett,

P. S. Conner, F. S. Dennis, W. W. Keen, C. B. Nancrede, R. Park, L. S. Pilcher, N. Senn, F. J. Shepherd, L. A. Stimson, W. Thomson, J. C. Warren, and J. W. White. We regret that the limited space allotted for book notices in this journal will not permit an extended notice of this fine work. The physician who desires a modern system of surgery, an exponent of the best and most recent work, by men whose names give authority to the opinions expressed, will find what he needs in this book.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By JOHN V. SHOEMAKER. Second edition, revised and enlarged. New York: D. Appleton & Co., 1892.

The new material relates to micro-organisms, local antiseptics, electricity, hypodermic medication, the nails, etc., etc. The colored plates are a decided improvement on those in the first edition. The work is now a fine volume of 878 quarto pages. It is quite a cyclopedia on skin diseases; the only fault we have to find with it being this cyclopedic character; the accumulation of so many remedies for each diseased condition, and the absence of guidance in the selection. Out of ninety-seven local applications for acne, one may, perhaps, select the right one, but how is he to do it?

ESSENTIALS OF MEDICAL DIAGNOSIS, FOR STUDENTS OF MEDICINE. By SOLOMON SOLIS-COHEN and AUGUSTUS A. ESHNER. Philadelphia: W. B. Saunders, 1892. Price, \$1.50; Cloth, 8 vo, pp. 382.

This book is decidedly above the average of quiz compends. It would be useful to an old practitioner, whose library dated from his student days, or to a student in term time, who had already studied well in the text-books, and wished to refresh his memory on matters already mastered.

THE PRINCIPLES AND PRACTICE OF BANDAGING. By GWILYM G. DAVIS, M.D. George S. Davis, publisher, Detroit. Cloth, price, \$3.00.

The book is printed upon extra heavy paper of fine quality, and is freely illustrated. It is a very handsome work, and justifies the apparently high price for a book of 61 quarto pages.

MEDICAL AND DENTAL REGISTER-DIRECTORY AND INTELLIGENCER FOR PENNSYLVANIA, NEW JERSEY AND DELAWARE. George Keil, editor.

Contains the State laws, society intelligence, list of all medical and dental colleges in the United States, etc., etc., besides the directory proper.

The E. A. Yarnall Co. has issued a catalogue of surgical paraphernalia, comprising 344 quarto pages; freely illustrated. It is quite an armamentarium, of later date than Tiemann's, and without the useless instructions contained in that firm's catalogue.

Dr. Geo. E. Petley has published in a one hundred and nine page pamphlet the report of proceedings in the case of the State of Arkansas against him for involuntary manslaughter; of which, we are glad to see, the doctor was acquitted.

AN EPITOMIZED REVIEW OF THE PRINCIPLES AND PRACTICE OF MARITIME SANITATION. By JOSEPH HOLT, M.D., New Orleans, 1892.

"JOE BROWN," DOCTOR ON ALCOHOLISM, ITS CAUSE AND CURE. New York, E. Scott, printer and publisher, 134 West Twenty-third street, 1891.

A right good, sensible little temperance tract; one of the sort nearly every man would read with interest and without taking offense.

ABSTRACT OF THE MINUTES OF THE MEETING OF THE STATE BOARD OF HEALTH OF THE STATE OF ILLINOIS, IN CHICAGO, July 27, 1892.

The Illinois Board makes the gratifying report that over one-third of our medical colleges now exact four or more years of medical study, and three or more terms of lectures, while 45 per cent. more require three terms and three years of study. Of the remaining 17 per cent. all but two are Southern schools.

We have received a memorial of Dr. P. A. Wilhite, who died in June last, at Anderson, S. C. Dr. Wilhite was a graduate of the Medical College of South Carolina, class of 1852. He was at the time of his death a member of the State Board of Health, and was prominent in the Masonic order, and was buried with the honors of the craft. He was said to be the discoverer of ether anæsthesia.

OUTLINES OF TREATMENT WITH DOSIMETRIC GRANULES; FROM THE STANDPOINT OF THE GENERAL PRACTITIONER. By W. F. WAUGH. Published by *The Medical World*, 1892. Cloth, 18 mo., pp. 103. Price, 50 cents.

In regard to this book we are much in the position of the Irishman, who, when asked whether he plead guilty or not guilty, replied: "Wait till I hear the evidence." Judging by the rapidity with which the edition is being exhausted, the book seems to fill a want.

CONTRIBUTION OF PHYSICIANS TO ENGLISH AND AMERICAN LITERATURE. By ROBERT C. KENNER. Geo. S. Davis, publisher, Detroit. Paper, price, 25 cents.

The Medical Digest.

PHENACETINE-BAYER IN TYPHOID FEVER.—O. S. Ensign, M.D., (*Medical World*, January, 1892) writes concerning the treatment of typhoid fever: "Phenacetine, which I prefer to the other new antipyretics, by lowering the temperature, prevents delirium, relieves pain and restlessness, keeps the skin moist and the patient comfortable."

Wm. E. Quine, M.D., Chicago, reports (*Med. Recorder*, November, 1891): "In the majority of cases of typhoid fever phenacetine controls the temperature range without appreciable harm to the patient. The condition and comfort of the patient seem to be strikingly improved without in the least impairing his life prospects."

Wm. A. Jack, M.D., Washington, in the *New England Medical Monthly*, writes: "My experience with phenacetine-bayer during the last year has been somewhat marked, and I have been impressed with its value, especially in relation to typhoid fever. Case of a boy eight years old; when I first saw him, had been sick or complaining two days; pulse rate 130; temperature 104°; respiration 29. Ordered a prescription of calomel, soda bicarb. and phenacetine to be given in the morning, after the action of the cathartic, every two hours. Saw patient the next morning at 10 o'clock; had taken two powders. Examination: Temperature 100.5°; pulse 100; respiration easy and natural. Saw him again in the evening; the typical rise of the temperature in typhoid fever had taken place, but was only 101.5°; patient resting, not complaining of any pain. During the whole case, lasting twenty-one days before any convalescence could be said to set in, the administration of phenacetine was con-

tinued; temperature remained at 100° until the twenty-first day, when it became normal; convalescence somewhat slow but steadily progressive. I believe that in phenacetine we have secured the ideal antipyretic, without the deleterious and depressing defects of antipyrine, which I have never given, except with some stimulant. It would be needless to occupy more time and space, but in twenty typical cases of typhoid fever the best results have been observed. Temperature has been controlled in every case, and in but one case has patient been delirious. I have noticed that the administration of phenacetine is generally followed by a quiet sleep."

"As an antithermic in the hyperpyrexia conditions of typhoid fever, and in other fevers, its effect is all that can be desired."—*Arthur C. Davidson, M.D., Sharon, Ga.*

"In typhoid fever I administered it in 5-grain doses every four hours, during the day, for twenty-eight days. At no time did the temperature exceed 102° F., nor did any bad effects follow its use."—*M. B. Hermann, M.D., Memphis.*

"Dr. Sommer used phenacetine with great success in typhoid fever, confirming the favorable views of Masius and others. The dose for adults was 4 grains, repeated from two to four times during the twenty-four hours. Sixty cases were treated in this way, with but one fatal case, in which the patient was not subjected to phenacetine treatment until three weeks from the commencement of the attack."—*Lancet.*

"I have just discharged my third case of typhoid fever with phenacetine treatment. Duration of each case, twenty-one days. The skin was moist throughout. To an adult I give 8 grains of phenacetine, with 1 grain of quinine. It kept the temperature below 101° eight hours."—*W. S. Cline, M.D., Med. World.*

"After using phenacetine in eight cases of typhoid fever, I feel justified in endorsing Dr. W. S. Cline's treatment. Yet, instead of using it with quinine, I administer tincture of digitalis with it in medium doses four or five times daily, with very flattering results. I really believe that, particularly in typhoid fever, it is a more powerful antipyretic than quinine, besides possessing the advantage of controlling, in a marked degree, the nervous symp-

toms so characteristic of this disease."—*W. J. Mayberry, M.D., Med. World.*

"The greatest value of phenacetine seemed to be in its marvelous antipyretic properties, and its chief use has been in the treatment of typhoid fever. The drug has never failed in a single instance to produce a rapid and considerable lowering of the temperature, unaccompanied either by cyanosis, heart symptoms, weakness, or any other unpleasant after-effect. Three-grain doses were found to be efficacious."—*Dr. W. F. Waugh, Philadelphia.*

SHORT PAROXYSMS OF HIGH TEMPERATURE IN CONVALESCENCE FROM TYPHOID FEVER.—Bouveret directs attention to the very sudden and very short attacks of high fever which sometimes occur during the convalescence from typhoid fever, in cases in which he thinks it can be conclusively shown that they are not brought on by septicæmia, pyæmia, or any local complication. He gives detailed histories of four cases at Lyons under his own observation during the last three years, in which these sudden and short outbursts of fever have been a notable feature, and which have all completely recovered and remained in good health since their illness. The first was a man of forty, who had a well-marked but not serious attack of typhoid fever treated satisfactorily by cold baths, quinine and wine. His temperature at the end of the first week touched 105° F., but sank slowly and regularly to an average of about 101° at the end of the second week. On the sixteenth day, however, it rose suddenly, with a severe rigor, from 100° to 106° , and sank to 101° in a few hours; and a similar rapid rise and fall happened on the twenty-fifth and twenty-ninth days, on the latter of which it touched 107.5° and fell to 99° in less than twelve hours. The patient was under very careful observation, and no local complication of any kind could be detected; no suppuration, no pain, no cerebral injury. The rigors were very severe for an hour or more, and were quite isolated and at irregular intervals. There was no history of any malarial infection at any time. After the sixth week his convalescence was undisturbed, and he soon reached a state of perfectly good health which has been unaffected since. The three other cases were of a similar type, in which one or more of these sudden accesses of high fever (105° to 107°) occurred for less than

a day during an otherwise regular recovery without any perceptible complications. The tremor, the chattering of the teeth, and the feeling of cold, were as severe as in bad ague; but the intervals were very irregular, and the paroxysmal fever was very little influenced by large doses of quinine. M. Bouveret confesses himself imperfectly satisfied with any theory that he can give of the causes of these crises. They are too short for any type of secondary infection or septicæmia of which he has any pathological knowledge, though post-mortem investigation has shown him much damage done by septicæmia in typhoid fever. He at present prefers to regard them as signs of the discharge into the blood of large doses of a non-purulent but toxic and febrile poison from the lymphatic follicles of the intestine, at a time in convalescence when the balance of the temperature is most easily upset. He is glad to have been made to feel sure from experience that they do not necessarily indicate a grave prognosis.

—*Lyon Médical.*

THE IMMUNITY CONFERRED BY TYPHOID FEVER (Potain, *Le Bulletin Médical*).—One of the strongest arguments in favor of the specificness of typhoid fever is the immunity which is conferred by an attack of the disease. It does not seem to be so generally admitted that one attack of typhoid protects the individual from a second attack, as is acknowledged with reference to variola, scarlatina, etc. Liebermeister ("Ziemssen's Cyclopædia") admits that there is such an immunity conferred, but rates the protection lower than that afforded by the other infectious fevers. The observations of Potain, however, would imply that the protection is considerable. He relates a case which occurred in the Hospital de la Charité, which was the first in which he had personally attended the same person in two attacks of typhoid fever. The first attack occurred in January, 1888, and lasted twenty-one days, and was in all respects an ordinary case of the disease, except that the eruption was unusually well marked. Quite recently (the journal is dated July 13, 1892) the same patient returned to the hospital, had a severe attack of enteric fever, and died on the twentieth day.

Chomel, in one hundred and thirty-four cases, saw but one individual attacked

twice. Trousseau saw two, Budd four, and Bartlett three. In all, Potain was able to find twenty-six cases of double attack, and in only ten of these had the patient been seen both times by the same physician. Double attacks seem to be more frequent in Germany, for Lorentz reported nine instances in four hundred and five cases, and Eichurst twenty-eight instances in six hundred and sixty-six cases.

Brouardel reports four patients in the same house attacked with typhoid fever, all of whom had previously had the disease. Of these, the father, aged fifty-eight, had had the disease at eighteen; the mother, forty-five, had had the disease also at eighteen; the son, twenty-six, had had the trouble three and one-half years before; and the servant had had an attack five years before. The older people had severe attacks the second time, while the younger people had mild attacks, possibly indicating that the immunity conferred by the first attacks had decreased as the years advanced. Potain believes that the form which the case takes depends less upon the nature of the infection than upon the predisposition of the individual.—*Journal A. M. A.*

ROYAL ACADEMY OF MEDICINE IN IRELAND.—*The Dietetic Treatment of Enteric Fever.*—Dr. Wallace Beatty read a paper on the dietetic treatment of enteric fever. He laid great stress upon the importance of care, not only as to the nature, but also as to the quantity of food. He considered from two to three pints of milk in the twenty-four hours ample nourishment for enteric fever adult patients during the entire illness. He believed that patients who were fed on such a restricted diet suffered much less from diarrhoea, tympanites, and sleeplessness, than patients more liberally fed. He called attention to the fact that when from some cause, such as threatened hemorrhage, the diet of patients had to be much restricted, a great improvement in all the symptoms followed. He advised extreme care in the manner of changing the diet at the approach of convalescence—a sudden change from liquids to solid food was, he believed, likely to provoke a fresh outburst of fever and bring on a relapse.

A Case of Recurrent Enteric Fever Followed by True Relapse.—Dr. J. W. Moore submitted a "clinical record" of a case

in which, not only did enteric fever recur in the same patient, but the recurrent attack was succeeded by a true relapse after an apyrexial period of eleven or twelve days. In April, 1887, the author attended, with the late Dr. Alfred Hudson and Sir George Owens, a lad, aged fifteen, who passed through a typical attack of enteric fever, lasting twenty-three days, in which, however, constipation, and not diarrhoea, was the rule. In October, 1891, the same gentleman, at the age of twenty-nine, sickened of a fever which proved to be undoubted enteric fever. After running an acute course of twenty-four days, followed by a sub-febrile period extending over another week, this attack was succeeded by convalescence, which seemed to be, in all respects, normal. On the eleventh or twelfth day, however, from the establishment of apyrexia, acute febrile symptoms again showed themselves, and, for the third time in his life, the patient passed through an attack of enteric fever.

The President criticized one or two points in the clinical history of the case described by Dr. Moore, which occurred to him to need explanation. First, with reference to the significance of the diazo-benzole reaction. In his own experience—and he had applied the test almost daily to a large number of cases in Sir Patrick Dun's Hospital—he did not rely upon it as by any means a safe clinical test, either as to diagnosis or prognosis in fever, and did not agree with Dr. Moore that the failure of the test was due in any way to the fact that his patient had had fever fifteen years before. Secondly, he asked further information as to the clinical means of recognizing the very remarkable fact he recorded of the heart, in early and marked weakness, viz., having "sagged from side to side," which change of posture, when in his experience and according to the teaching of the late Dr. Stokes, the impulse of the heart in cases of typhus, softening cannot be felt at all in these cases, or at best with the greatest difficulty.

Dr. H. T. Bewley did not think the question as to relapses in typhoid could be solved until the whole question of immunity, natural and acquired, was more certainly known than it is at present—we do not know accurately why cases of infective fevers get well at all; possibly the greater tendency to relapse

in typhoid fever as compared with such other fevers as typhus, scarlatina, and measles, was connected in some way with the long and irregular course, and prolonged termination of the fever. With regard to giving solid food, there are some cases of typhoid in which the fever will not come down, and the patient grows weaker until some solid food is given. It is a very difficult question to say exactly when the time has come to give this solid food, and he would look anxiously for further information on this subject. With regard to diet, he did not think one could be at all dogmatic, seeing that the practice of skilful and experienced physicians differed so much as to the amount of food they allowed.

Dr. Walter Smith said that Dr. W. Beatty's paper was essentially a qualification or limitation of Graves' celebrated maxim. But if it is possible to under-feed fevers, it is also certainly possible to over-feed them, and so to hurt the patient. Obstinate vomiting, for example, may be caused by too zealous administration of milk. The condition of the tongue is a more satisfactory guide, as to convalescence, than the temperature or pulse, and two weeks, as a rule, should be allowed of normal evening temperature before any liberties are granted to the patient. The diazo-benzole test applied to the urine of enteric fever is unreliable and unsatisfactory. It is merely a curious color-test for a chromogen in the urine.

Dr. Little considered there could be no doubt of the value of a restricted diet in enteric fever; there could be no doubt of the value of milk when diarrhoea is present; but some patients are unable to digest milk, and, especially if then danger arises from cardiac failure, he considered properly-made animal broths more suitable than quantities of milk. Though a matter which had only cropped up incidentally, as Dr. Moore had mentioned the use of quinine in his case of enteric fever, Dr. Little was tempted to ask why it was that quinine was so generally given in enteric fever? As far as he had seen, no good effect was produced by quinine in enteric fever, and sometimes headache, sleeplessness and intestinal disturbance resulted from its use.

Dr. Doyle also joined in the discussion.

Dr. Boyd, in his reply to the criticisms on his paper on the antiseptic method of treating enteric fever, considered that, so

far, no more rational method of dealing with the disease from its pathology presented itself, and, notwithstanding Dr. Smith's doubts as to any disinfectant reaching the intestine in sufficient strength to be of use after passing through both stomach and duodenum, he thought if any form of antiseptic could survive unaltered, the gaseous one should, especially in a solution which slowly parts with it. Chlorine evolved from an alkaline solution—such as the liq. soda chlorinated of B. Ph.—in his hands, was followed by better results than when formed in an acid mixture. As regards the relapses in enteric fever, they seem to him to be due, in most instances, to a fresh set of glands and Peyer's patches becoming the seat of fresh infection by typhoid bacilli. He lately showed an instance in a pathological specimen, exhibited at the last meeting, of a portion of the ileum, the seat of active ulceration in a patient who was ten days apyretic, when he died from acute perforation, the result of over-eating. This specimen showed how long a condition of ulceration may exist after typhoid, even when the temperature has fallen permanently for as long as a week.

Dr. Wallace Beatty, in reply, said that he quite agreed with Dr. Bewley and Dr. James Little, that exceptional cases of enteric fever occur in which the evening temperature remains above the normal long after all the other symptoms of enteric fever are over, and where no discoverable complication is present. In these exceptional cases he agrees with Dr. Bewley and Dr. Little, that solid food cannot be withheld.

Dr. J. W. Moore, in reply, agreed with the President and Dr. Walter Smith, that the diazo reaction was open to doubt as a diagnostic of enteric fever; nevertheless, it was an interesting, and often a confirmatory, test of the presence of this fever. He did not depend solely upon palpation as a method of physical examination of the heart, as the President seemed to think, but both auscultation and percussion indicated undue mobility of the heart in his patient's case. In answer to Dr. Little, Dr. Moore said that he sometimes gave small doses of quinine in enteric fever; not to reduce temperature, for fulfilling which object large doses alone would avail, but as a tonic, from his experience of the remedy in other acute and prostrating maladies. Once the spe-

cific origin of enteric fever was admitted, Dr. Moore believed that no mere error in diet would bring about a true relapse, although it may be a contributory cause of such an accident.—*Med. Press.*

THE FIRST SIGNS OF LOCOMOTOR ATAXY.—According to Prof. Fournier, the first symptoms of ataxy may be classed as follows:

1. Sign of Westphal.
2. Sign of Romberg.
3. The "Stairs" sign.
4. Crossing of the legs.
5. Walking at the word of command.
6. Standing on one leg.

1. Westphal's symptom is well known; it consists in the abolition of the pre rotulian reflex, and is present in two-thirds of the cases.

2. Romberg's sign can be thus appreciated: The eye is an indirect regulator of motion; it helps to correct deviations in walking and maintains the equilibrium. When a patient is suspected of incipient ataxy, it will often suffice to make him close his eyes when in the erect position to verify the diagnosis. In a few instances his body will oscillate, and if the malady is somewhat advanced he will be in danger of falling.

3. The "Stairs" symptom. One of the first and most constant symptoms of incipient locomotor ataxy is the difficulty with which the patient will descend stairs. If questioned closely on the subject he will say that at the very outset of his malady he was always afraid of falling when coming down stairs.

4. The manner in which a patient crosses his legs is often significant. In the normal state a man when performing that act lifts one leg simply to the height necessary to pass it over the other, whereas in the affection under consideration he lifts it much higher than necessary, describing a large segment of a circle.

5. Walking at the word of command. The patient seated is told to get up and walk instantly. After rising he will hesitate, as if he wanted to find his equilibrium before setting off. If, while in motion he is told to stop short, his body, obeying the impulsion, inclines forward as if about to salute, or, on the contrary, jerks himself backward in order to resist the impulsion forward.

6. The patient is asked to stand on one leg, at first with his eyes open, afterwards

closed. Although man is not made for this position, yet he can balance himself pretty firmly for a little time. The ataxic will experience a great deal of difficulty, and will instinctively call to aid his other foot so as not to fall. If his eyes are closed he will not be able to stand one instant, and if not held would fall heavily to the ground. Such are the symptoms of incipient locomotor ataxy; they will not be all present frequently, but they should be all sought for in order to avoid an error which might have grave consequences.—*Med. Press.*

TREATMENT OF CHOLERA.—In cholera times, when any one has diarrhoea, it should be arrested, by taking three times a day a powder consisting of fifteen grains subnitrate of bismuth and twelve grains of benzo-naphthol. If this does not suffice, take fifteen grains of salol before each meal. The diet should consist only of meat and eggs. The diarrhoea must absolutely be cured, as it is often the beginning of cholera and still curable. In England the importance of this preliminary diarrhoea is perfectly understood. In the principal cities during previous epidemics, medical inspectors have been appointed, each having under his orders a large number of medical students. Each of the latter visits 400 to 500 of the poor every day, in the morning, before the bread winners leave for their shops, and in the evening after their return. These measures restore public confidence, and the epidemic rapidly diminishes.

When the diarrhoea has become a true flux, and cholera is declared, it is necessary to give each day 90 to 105 minims of lactic acid dissolved in a pint and a half of sugared water. This should be taken, a claret-glass every two hours. For the vomiting, champagne, in dessertspoonfuls every hour, or cognac in coffeespoonfuls (3ss). In the intervals the patient may relieve his thirst by taking a dessertspoonful of tea, coffee, or acid drinks, such as citric or hydrochloric acid lemonade; 15 grains of either acid to half a pint of sugared water. Do not give much liquid at one time, as it excites vomiting. Opiates are poisons, as the choleraic with inflamed kidneys cannot eliminate the toxins, and they hasten his death. If this treatment has not produced a sensible amelioration of the attack it is necessary to employ the intravenous injections of

saline solution. Hayem's formula, that gave such good results in 1884, was:

R.—Sodii chloridi..... gr. lxxv.
Sodii sulphat..... gr cl.
Aquæ destillat..... Oij.

M. S.—Heat to 38° C, and inject two quarts into a vein of the arm. This produces a veritable resurrection of the moribund patient, and the amelioration is often durable. In very grave cases alone, Hayem secured 30 per cent. of recoveries.

—Daremborg, in *La Méd. Moderne.*

CHOLERA.—Paul Lazarus, of Czernowitz, has forwarded a communication to one of the medical journals in which he states that the early presumptions of cholera, having its specific virus in the bowel, has been fully confirmed. This virus is taken into the system by the ingesta or infected hands coming in contact with the mouth.

To prevent the transmission of the cholera bacillus gaining admission to the body by means of the food, sterilizing has been resorted to, and strong disinfectants applied to the hands. Unconscious convection by the hands or atmosphere has not yet been decidedly agreed upon. Against the latter, however, it has been recommended to the attendants during the present cholera epidemic that they should wear veils of sublimate gauze, or some kind of respirator covered with sublimate gauze to insure protection against this supposed source of infection, at the same time urging the attendants to be strenuous in their attention in using disinfectants for the hands and mouth.

Disinfectants.—The Oberste Sanitätsrath have published an advice to the public for their general guidance. They find that the greater number of effectual disinfectants are dangerous agents to place in the hands of the public on account of their highly poisonous nature, such as sublimate of mercury, which they maintain should be excluded from general use.

They are satisfied that the spores will resist all chemicals under poisonous doses, but happily the comma bacillus is easier destroyed, and therefore amenable to a large number of innocuous disinfectants.

In the case of cholera patients, the clothes should be well washed with a 2 per cent. solution of lime, while the dejecta should be largely destroyed by the same agent. Caustic potash and the alkaline carbonates are not so good as the

lime compounds. Soaps containing potassium are therefore useless against the common bacillus. The mineral acids in strength of a half or fourth per cent. may also be used with advantage. A mixture of sulphur and carbolic acid are the most powerful disinfectants. There are a number of reputed drugs, such as creolin person, that are uncertain in their action. Lysol, however, above 1 per cent., seems to be as effectual as carbolic acid, and is more preferable for washing the hands, utensils, and floors, having less poisonous property than carbolic, and not so caustic. There are two other substances, solveol and solutol, which appear as efficient as lysol, although testimony and experience is not so wide in their favor.

—Vienna correspondence, *Med. Press.*

NOTE ON THE CHOLERA EPIDEMIC OF 1873 IN ROUEN (Olivier).—After describing the origin, and giving statistics of the epidemic, the author says:

I noted in several of my patients violent delirium, with tendency to get up and move about; some usually of a quiet disposition, became extremely violent. One symptom in a good number of observations is the remarkable thirst which led several of the sick to get up and steal the drink intended for other patients. Those who did this, got well, which supports Netter's opinion—that abundant aqueous drinks are indicated in the disease.

At the commencement of the epidemic Olivier prescribed the classical tea with brandy, but soon had to abandon this, as it proved particularly disagreeable to the patients, and put them on wine, syrup of gooseberry with seltzer water, ice, iced bouillon, etc., which was well tolerated and gave some sustenance. Bismuth was used for the diarrhoea.

In the algid stage, mustard baths rendered great service in the production of reaction, also frictions with tincture camphor (pure or carbolized). Reaction having taken place, coffee, quinine with opium, etc., were administered.

Convalescence was always long, in several cases there were relapses, in others diffuse abscess. The urine was not regularly examined, but in cases in which it was, there was no albumen. Isolation was not carried out; the patients were placed in a common ward, and although there were other patients with chronic and weakening diseases, none were at-

tacked. The physicians and nurses also escaped. The ward contained thirty beds, in nineteen of which were cholera patients. Olivier draws no inference from this, for or against isolation, but simply states it as a remarkable fact.

—*La Normandie Medicale.*

THE SEARCH FOR A CHOLERA PROPHYLACTIC.—Advices from Berlin state that physicians in that city are of opinion that the discovery of a prophylactic substance for inoculation against cholera is merely a matter of time and diligence, favored with a little luck. In support of their views they point out, first, that domestic animals never suffer from cholera, even if fed or subcutaneously inoculated with pure cultivations of the virus; secondly, about half of mankind are insusceptible to cholera, and those who have recovered from it are generally proof against it for four or five years. It is also reported that Dr. Haffkine, a Russian medical man, who has been assisting M. Pasteur for some years, has attempted some bold experiments with cholera virus. He inoculated himself, and afterwards other persons, with subcutaneous injections of attenuated cholera virus. The symptoms of uneasiness brought on by the inoculation, and which scarcely lasted twenty-four hours, were confined to a slight rise in temperature, and some other symptoms of fever, such as headache and dryness of the mouth without any intestinal disorder. All the symptoms disappeared within four days. Dr. Haffkine, after further experiments, comes to the conclusion that such inoculations may be carried out on man in all security, and that six days afterwards the human organism will be henceforth proof against cholera attacks.—*Hosp. Gaz.*

News and Miscellany.

THE Cholera number of THE TIMES AND REGISTER gave every idea in relation to the treatment that has been advocated recently by capable and experienced practitioners. Very little value is to be attributed to the opinions of men who never saw a case. The physicians of India have had the greatest opportunities for testing the remedies proposed, and the latest reports from this source are to be found in our cholera number.

IN *The Practitioner* for August, 1892, is a very interesting paper by George Turner, describing the investigation of a localized outbreak of typhoid fever in Greenwich. He found that in the affected area there were 1,557 inhabitants; of whom 924 resided in houses where ice-cream had not been eaten; 232 in houses that had obtained ice-cream from shops, and 395 that had bought ices from a particular Italian vender. All of the typhoid cases, 61 in number, were among the Italian's patrons; the other two groups being unaffected. This Italian resided in a house where there was a case of typhoid; all the residents using the same privy.

THE Committee on Organization of the Pan-American Medical Congress will issue the preliminary announcement of the Congress within a few weeks. This announcement will show that the organization has been perfected in almost every colony and country of the western hemisphere. The local medical societies in each of the constituent countries are made auxiliary to the Congress, which will be held in Washington, D. C., September 5, 6, 7, 8, 1893.

Dr. Reed, of Cincinnati, Secretary-General of the Congress and Chairman of the Committee on Organization, announces that after extended correspondence between himself and Dr. Maragliano, of Genoa, General-Secretary of the International Congress, the date of the Rome meeting has been finally and definitely set for September 24 of next year. This gives an interval of sixteen days between the Washington and the Rome meetings, during which time an easy trip can be made from the former to the latter city. It is possible that a steamer may be chartered direct from New York to Rome.

MEDICAL CORPS, U. S. NAVY.

Changes in the Medical Corps of the U. S. Navy for the week ending September 10, 1892.

STOUGHTON, JAMES, Assistant-Surgeon. Ordered to the "San Francisco."

SWATLING, L. W., Assistant-Surgeon. Detached from the "San Francisco," and granted leave for one month.

HIBBETT, C. T., Past Assistant Surgeon, detached from receiving ship Franklin and wait orders.

DR. BRUSH'S KUMYSS

"KUMYSS is, among the Nomads, the drink of all children, from the suckling upwards; the refreshment of the old and sick, the nourishment and greatest luxury of every one."—DR. N. F. DAHL'S report to the Russian Government, 1840.

I WOULD also allude to cases of diarrhoea and vomiting, and of indigestion dependent on nervous disturbances during the later months of pregnancy. I had two cases during the past summer, both were rapidly declining in strength; they failed to be benefited by remedies suggested by other physicians, as well as myself, until they were placed on KUMYSS, when the improvement was rapid and permanent. Very truly yours,
ARCH M. CAMPBELL, M.D.

Farm and Laboratory,
MT. VERNON, N. Y.

STEARNS' CASCARA AROMATIC

Is a fluid extract (not a cordial, syrup or other *dilute* preparation) of prime and selected two year old bark. (Fresh bark contains a ferment which produces griping.)

Cascara Aromatic is sweet in taste (which children and women especially appreciate) instead of being bitter, as is the ordinary fluid extract, powerful (its dose is only $\frac{1}{4}$ to 1 fluidrachm) yet gentle in effect, and in addition does not gripe.

(This, next to its taste, is its most valuable property, as ordinary bitter fluid extracts do.)

SURELY AN IDEAL LAXATIVE.

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